History & Physical
03/21/2007

He has got a hard right testicle. Probable tumor. 622 on HCG marker. Alpha-fetoprotein was also elevated at 1,181. He needs right inguinal orchiectomy. He is 21-years-old. He has history of appendicitis.

Family History: Diabetes in the family. Emphysema.

Physical Examination:
HEENT: PERLA. EOMs intact.
Neck: Supple
Chest: Clear
Heart: Regular rate and rhythm. No murmur or rub.
Abdomen: Negative
Extremities: Symmetrical, except for the hard right testicle

Signed: Urologist

Operative Report
03/21/2007

Indications: 21-year-old white male with hard right testicle suspicious for cancer of the testicle. His serum markers for alpha-fetoprotein and HCG are up. He is to have a CT of the abdomen and pelvis today to have a right inguinal orchiectomy. Risks and options are fully explained and he understands and accepts. Left testicle appears normal.

Procedure: Right inguinal orchiectomy

With the patient prepped and draped in the usual manner supine position, a right inguinal incision was made through skin subcu and external oblique. The cord structures were isolated and clamped after the external oblique was opened. Towards the internal ring the testicle was delivered from the scrotum with hemostasis and electrocautery. The patient then had the testicle and cord taken off as a high ligation between two Ochsner clamps and a 15 blade. 0 silk suture was used to tie off the remnant of cord doubly and then 3-0 silk and closed the external oblique, 3-0 chromic for the subcu and skin staples for the skin. The patient went to recovery area in good condition.

Disposition: Home on Keflex, Tylenol #3, return to the office in 10 days for staple removal.

CT abdomen, chest and pelvis will be done.

Signed: Urologist

Pathology Report
03/21/2007

Clinical Information: Right testicle mass

Specimen:
Right testicle

Gross Description:
The specimen consists of an orchiectomy specimen weighing 108 grams and measuring 6 x 5 x 4 cm. The spermatic cord measures 7 x 2 cm. Sectioning through the testicle reveals firm, gray-yellow, hemorrhagic cut tissue. Representative sections are submitted as follows: Cassette 1A contains the spermatic cord margin, and Cassettes 1B through 1F contain sections of the testicle.

Final Diagnosis:
Right Testicle: Mixed germ cell tumor. See CAP checklist.

Laterality: Right
Focality: Unifocal
Tumor Size: 4 cm in greatest dimension
Histologic Type: Mixed germ cell tumor with embryonal cell carcinoma (approximately 50 percent), yolk-sac tumor (approximately 30 percent), and immature teratoma (approximately 20 percent).
Pathologic Staging: pT1
Regional Lymph Nodes: pNX
Distant Metastasis: pMX
Margins: Spermatic cord uninvolved by tumor. Other margins cannot be assessed.

Radiology Report
03/31/2007

Abdomen and Pelvis CT w/Contrast

Clinical Indication: Testicular cancer, status post recent orchiectomy

CT imaging of the abdomen and pelvis is performed with 128 cc of IV Omnipaque 300. The creatinine level is 1.3.

Limited imaging at the level of the lung bases shows no pulmonary nodules, air space consolidation or pleural fluid.

Imaging of the abdomen and pelvis shows a normal appearance of the liver and gallbladder, spleen, adrenal glands, pancreas and of the kidneys.

Several non pathologically enlarged retroperitoneal lymph nodes are seen in the left para-aortic space, but these have a benign appearance on CT. Several small lymph nodes are seen in both groins, also not pathologically enlarged. These may be inflammatory and related to the patient's recent surgery. Small amount of gas is seen in the right side of the scrotum, although this is incompletely imaged. Soft tissue swelling is seen in the subcutaneous space in the right groin and scrotal region and may represent post surgical inflammation and/or cellulitis. The appearance of the bowel is normal. The prostate and seminal vesicles and urinary bladder appear normal.

1. Recent orchiectomy with small amount of gas in the right scrotum and small degree of right scrotal and right groin subcutaneous edema and skin thickening. It may be post surgical inflammation vs localized cellulitis.

2. Small non-pathologically enlarged groin lymph nodes and also several small benign appearing retroperitoneal lymph nodes. This may be inflammatory and related to recent surgery.

3. Otherwise normal appearance of the abdomen and pelvis on CT.

History & Physical
05/01/2007

Patient is a 21-year-old with a history of testis cancer. He is status post orchiectomy. He has been on a course of watchful waiting with persistently elevated tumor markers, which were gradually improving, but more recently a beta HCG began to rise and was up over 100. As such, the patient is admitted to be restaged and instituted on chemotherapy. Prior history is otherwise negative.

Medications: He was on no medications at the time of his admission

Physical Examination:
General: He is alert and in no acute distress. No icterus or jaundice.
HEENT: No oral lesions
Neck: No nodes in his neck or axillae
Chest: Clear
Heart: Regular
Abdomen: Soft, nontender, with no hepatosplenomegaly
Extremities: No peripheral edema, cyanosis, or clubbing

The patient will be admitted. Hepatic, renal, and marrow function will be checked. We will restage him with CT scans and proceed with cycle 1 of BEP chemotherapy.

Signed: Medical Oncologist

Radiology Report
05/01/2007

CT Abdomen and Pelvis

Clinical Indication: Testicular carcinoma, adenopathy

Multiple helical images are obtained from the lung bases to the symphysis pubis with the administration of 120 cc of Omnipaque 300 as well as oral contrast.

Heart size is normal. Lung bases are clear. Liver, spleen, pancreas, gallbladder are unremarkable. Kidneys function bilaterally and have a normal appearance. No evidence of adrenal enlargement. No evidence of lymph node enlargement. No CT evidence of pelvic pathology. No evidence of pericecal or perisigmoid inflammatory change.

Discharge Summary

Date of admission: 05/01/2007

Date of Discharge: 05/05/2007

History of Present Illness: The patient is a 21-year-old diagnosed in March with a mixed germ cell tumor. He is status post right inguinal orchiectomy. He was noted to have initially improved being a tumor marker, but then developed a rising beta hCG, and so was admitted for chemotherapy. The patient was noted to have a negative CT abdomen with clinical relapse based on tumor markers alone. Prior history includes appendicitis. Chronic obstructive pulmonary disease runs in his family. The patient was admitted.

Hospital Course: Hepatic renal marrow function was checked and was normal. CT scan was negative for identifiable disease relapse. The patient was treated with bleomycin at a dose of 30 units on day 2. He received etoposide and cisplatin on day one through five with dosage of cisplatin at 40 mg a day, etoposide at 190. He tolerated treatment well without significant nausea and vomiting, and was able to be discharged on his last day of chemotherapy. He will follow up on the next two Tuesdays at Clinic closer to home for bleomycin. We will see him at the Clinic in two weeks to assess his tolerance of treatment and schedule cycle 2.

Signed: Medical Oncologist